MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SPECIAL HEALTH CARE NEEDS

PROVIDER APPLICATION

1. VENDOR NUMBER	
2. DEPARTMENT AGREEMENT NUMBER	

3. BUSINESS/AGENCY NAME			4. FEDERAL ID OR SOCIAL SECURITY NUMBER
5. LOCATION ADDRESS		6. TELEPHONE ( )	7. FAX NUMBER ( )
8. CITY	STATE ZIP CODE		9. COUNTY
10. PAYMENT MAILING ADDRESS (IF DIFFERENT FROM LOCATION ADDRESS)			11. TELEPHONE ( )
12. CITY	STATE	ZIP CODE	

13. IS YOUR AGENCY A MEDICAID PROVIDER?

☐ YES ☐ NO IF YES, ENTER NUMBER(S) _____

14. TYPE OF SERVICES YOU WILL PROVIDE TO SHCN PARTICIPANTS (SEE SECTION 17)

Complete this section if you wish to provide services for the Adult Head Injury Service.
Check services you can provide:

- ☐ Adjustment Counseling
- ☐ Behavioral Assessment & Consultation
- ☐ Comprehensive Day Program
- ☐ Medical Records Only
- ☐ Neuropsychological Evaluation & Consultation
- ☐ Pre-Vocational/Pre-Employment Training
- ☐ Socialization Skills Training
- ☐ Special Instruction Support
- ☐ Supported Employment/Following Along
- ☐ Therapy, Occupational
- ☐ Therapy, Physical
- ☐ Therapy, Speech
- ☐ Transitional Home & Community
- ☐ Transportation

15. CERTIFICATION

By signing this form you are stating that you/your staff are licensed/certified to provide the services that you have selected. Your signature also indicates that you agree to comply with the policies, procedures, and billing guidelines of the Special Health Care Needs Unit. Failure to abide by these policies and procedures could result in the termination of your contract with the Department of Health and Senior Services and the recovery of funds paid to you for services rendered. You may access the Provider Billing Guidelines at www.dhss.state.mo.us/SHCN/providers.htm or by submitting a written request for a copy of the guidelines.

I CERTIFY THAT THE INFORMATION I PROVIDED IS ACCURATE AND TRUE.	16. SIGNATURE OF APPLICANT/AUTHORIZED REPRESENTATIVE ▶

17. SPECIALTY SERVICES

Complete this section if you wish to provide services for children with special health care needs.
Check the services you can provide:

Dentistry
- ☐ Endodontist
- ☐ General
- ☐ Oral Surgeon
- ☐ Orthodontist
- ☐ Pedodontist
- ☐ Periodontist
- ☐ Prosthodontist

Durable Medical Equipment
- ☐ Augmentative Communication Device & Repair
- ☐ DME Equipment & Repairs
- ☐ Hearing Aid Service & Repairs
- ☐ Orthotics
- ☐ Prosthetics
- ☐ Supplies

Emergency Transportation
- ☐ Emergency Transportation Services

Evaluations & Therapy
- ☐ Audiologist
- ☐ Augmentative Communication Evaluation Team
- ☐ Cleft Lip & Palate Management Team
- ☐ Occupational Therapist
- ☐ Physical Therapist
- ☐ Registered Dietitian
- ☐ Respiratory Therapist
- ☐ Speech Language Pathologist/Speech Therapist

Facility/Treatment Center
- ☐ Ambulatory Surgery Center
- ☐ Emergency Care Center
- ☐ Hospital Services (Inpatient)
- ☐ Hospital Services (Outpatient)

Interpreter
- ☐ Interpreter Services

Pathology
- ☐ Laboratory Services

Pharmacy
- ☐ Pharmacy Services

Psychologist
- ☐ Psychological Testing and Evaluation

Physician
- ☐ Anesthesiology
- ☐ Cardiology
- ☐ Cardiology, Pediatric
- ☐ Chiropractor
- ☐ Dermatology
- ☐ Dermatology, Pediatric
- ☐ Emergency Medicine
- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ Gastroenterology, Pediatric
- ☐ Hematologist
- ☐ Medicine, Internal
- ☐ Medicine, Pediatric Rehabilitation
- ☐ Medicine, Physical and Rehabilitation
- ☐ Nephrology
- ☐ Nephrology, Pediatric
- ☐ Neurology
- ☐ Neurology, Pediatric
- ☐ Orthopaedic
- ☐ Orthopaedic, Pediatric
- ☐ Ophthalmology
- ☐ Pathology
- ☐ Pediatrics
- ☐ Pediatrics, Developmental
- ☐ Proctology
- ☐ Pulmonary
- ☐ Pulmonary, Pediatric
- ☐ Radiology
- ☐ Rheumatology
- ☐ Rheumatology, Pediatric
- ☐ Surgery, Abdominal
- ☐ Surgery, Cardiovascular
- ☐ Surgery, Colon and Rectal
- ☐ Surgery, Facial Plastic
- ☐ Surgery, General
- ☐ Surgery, Hand
- ☐ Surgery, Head and Neck
- ☐ Surgery, Maxillocranial
- ☐ Surgery, Neurosurgery
- ☐ Surgery, Orthopedic
- ☐ Surgery, Otolaryngology
- ☐ Surgery, Pediatric
- ☐ Surgery, Plastic & Reconstructive
- ☐ Surgery, Thoracic
- ☐ Surgery, Urological
- ☐ Surgery, Vascular
- ☐ Urology

18. COUNTIES OF SERVICE (PLEASE PROVIDE THE COUNTY/COUNTIES YOU WILL BE PROVIDING SERVICES IN.)